

**SC Department of Disabilities and Special Needs**  
**ADDENDUM TO CRITICAL INCIDENT REPORTS**

**Name of Individual:**

**Provider Agency:**

**Name of Alleged Perpetrator(s):**

**Date of Incident:**

**REASON FOR ADDENDUM:**

**Brief explanation as to why Addendum is being submitted:**

**FINAL ACTION:**

**SIGNATURE:**

Executive Director/ CEO/ Facility Administrator  
(or Designee for Executive Director/ CEO/ Facility Administrator)

*Date*

*Name of Person Completing Form*

Send completed form within 24 hours or the next business day as a separate report (not to be included with the Initial or Final Reports)  
to: Director of Quality Management, SCDDSN, PO Box 4706, Columbia, SC 29240, FAX #: 803.898.9656